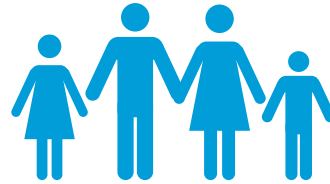
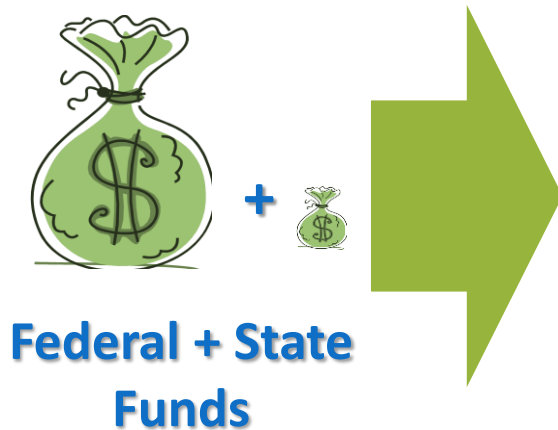


# Montana Health Coalition Meeting on 8/20/2015

Medicaid Expansion - Waivers &  
SPAs to Implement SB405  
Montana Health and Economic  
Livelihood Partnership (HELP)

# HELP Act Implications



**Reduction in the Number of Uninsured**



**Increased Provider Revenue**



**Increased State Savings**

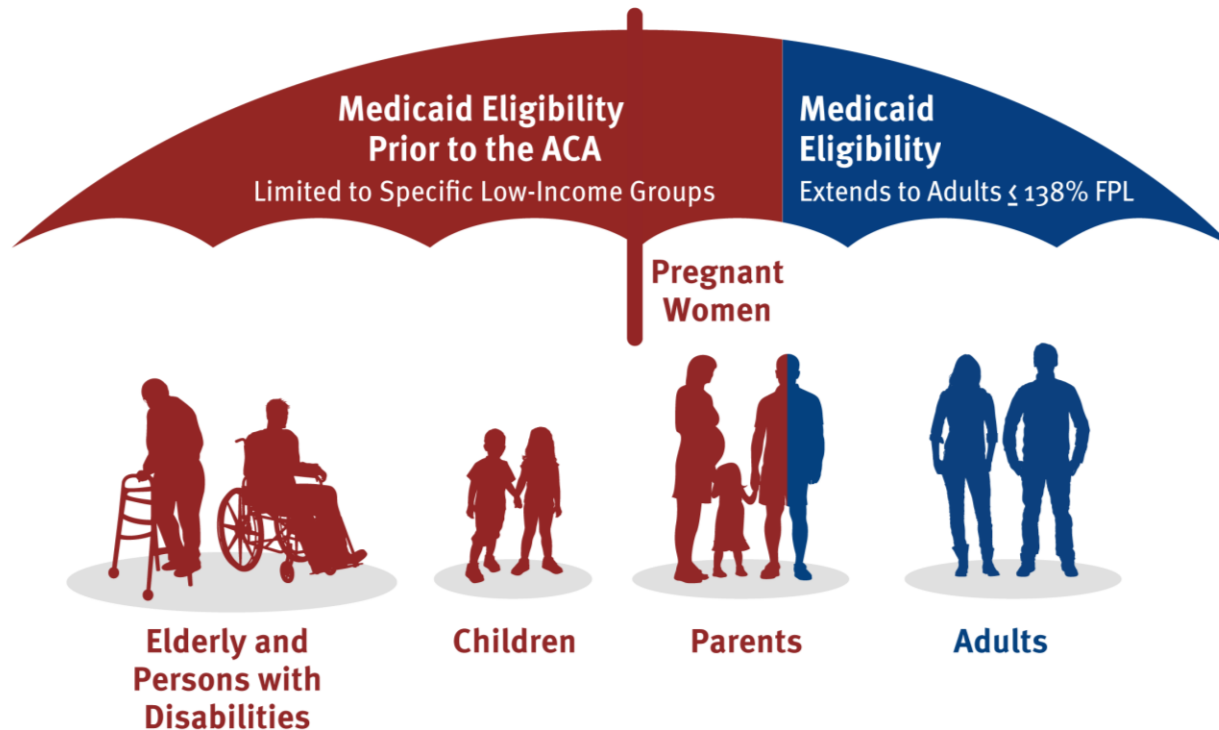
- ↓ Uncompensated Care Costs
- ↓ State Funded Health Programs (e.g. Mental health)



**Increased State Economic Activity**

↑ Jobs and Revenues

# Medicaid Eligibility



**Parents and adults without kids living at home between the ages of 19-64 with an income at or below 138% of the Federal Poverty Level (FPL)**

**\$16,424 for an individual and \$27,724 for a family of three in 2015**

# Eligibility Populations

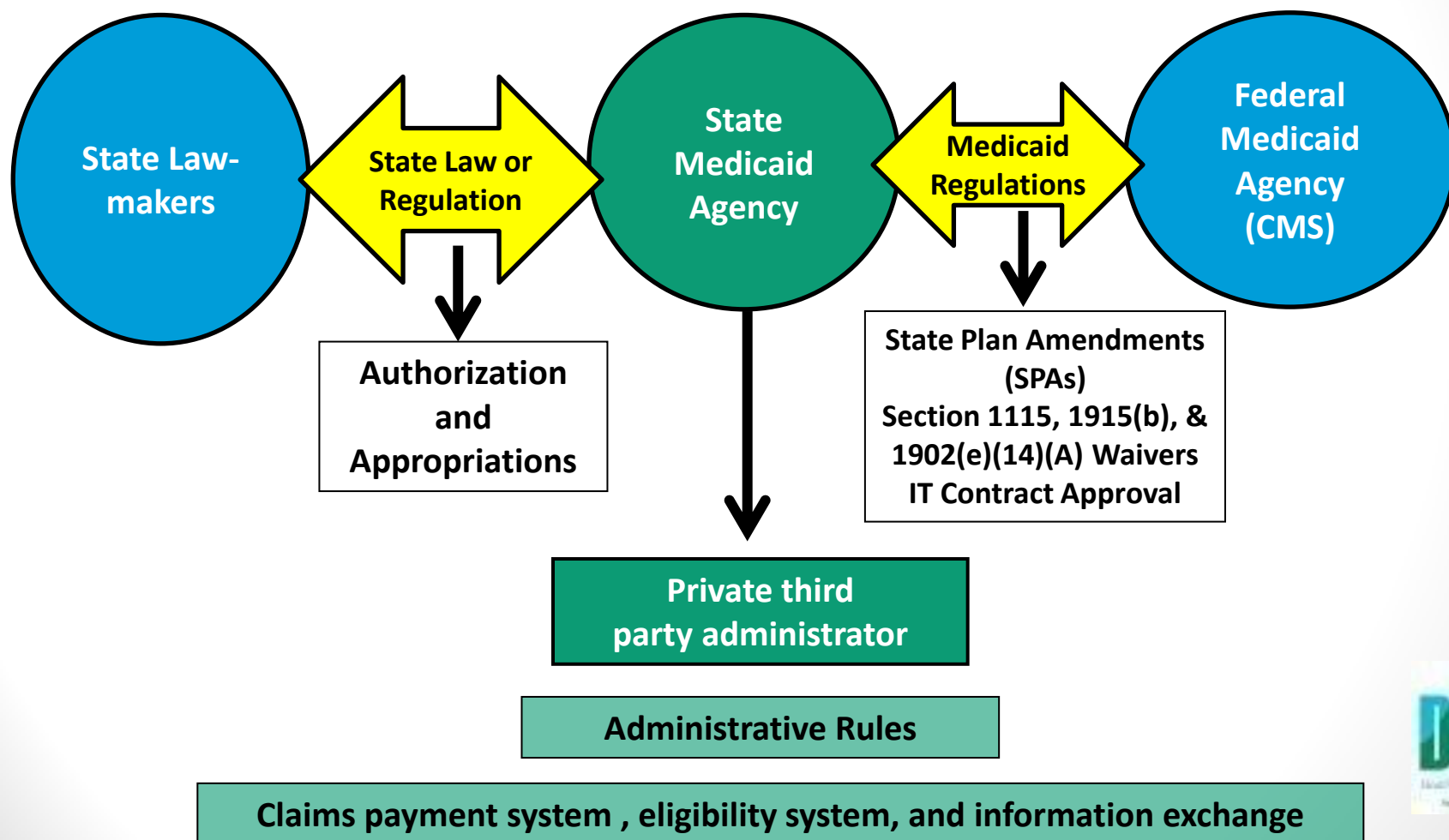
The following populations will be eligible for Medicaid Expansion:

- Childless adults between the ages of 19-64 years of age, with an income at or below 138% of the Federal Poverty Level (FPL) – **i.e. \$16,424 for an individual;**
- Parents between the ages of 19-64 years of age, with an income between 50-138% of the FPL – **i.e. \$27,724 for a family of three;**
- May not be enrolled in or eligible for Medicare;
- May not be incarcerated; and
- Must be a United States Citizen or documented, qualified alien.

# Montana's Medicaid expansion requires public and private partners at the state and federal level

( 5 )

In order to implement Medicaid Expansion, Montana needs:



# Steps to Implementation – Multiple Waivers and SPAs

- Waivers
  - 1115 Research and Demonstration Waiver
    - TPA
    - Co-payment and Premium
    - 12 month Continuous Eligibility for MAGI adults
  - 1915(b) Selective Contracting Waiver (TPA network)
  - 1902(e)(14)(A) Pre-enrollment Process (Fast Track Express Lane Eligibility)
- State Plan Amendments (SPAs)
  - Alternative Benefit Plan (2 – one for TPA, one for Medicaid)
  - Eligibility – updates for newly eligible populations
  - Cost-sharing
  - Existing service SPAs – PT, OT, ST, possible others

# Waiver Background

- State Medicaid programs may request from the Centers for Medicare & Medicaid Services (CMS) a waiver(s) of certain federal Medicaid requirements that are found in the Social Security Act.
- The Secretary of Health and Human Services has complete discretion as to whether a waiver is granted.
- Montana is requesting three waivers
  - An 1115 which is used to authorize a demonstration project when the Secretary feels that a state will demonstrate something that is of interest in promoting the objectives of the Medicaid program;
  - A 1915(b) which is used to limit comparability of services and freedom of choice; and
  - A 1902(e)(14)(A) Pre-enrollment Process (Fast Track Express Lane Eligibility Waiver) to use information from other programs to expedite eligibility.
- Not everything in the Medicaid program can be waived.

# 1115 Waiver Requests

Waiver Authority	Use of Waiver
§ 1902(a)(17)	To waive Medicaid comparability requirements allowing different treatment of newly eligible adults, such as the application of copayments and premiums on newly eligible adults enrolled in Medicaid through the TPA.
§ 1902(a)(14)	To impose monthly premiums that are equal to 2 percent of annual income on newly eligible adults enrolled through the TPA.
§ 1902(a)(23)	To waive Medicaid freedom of choice requirements relative to the TPA.
§ 1902(a)(8)	To waive the reasonable promptness requirement and permit disenrollment of participant's with incomes above 100 percent of the FPL who fail to pay required premiums.
§ 1902(e)(12)	To apply 12 month continuous eligibility to MAGI eligible adults.



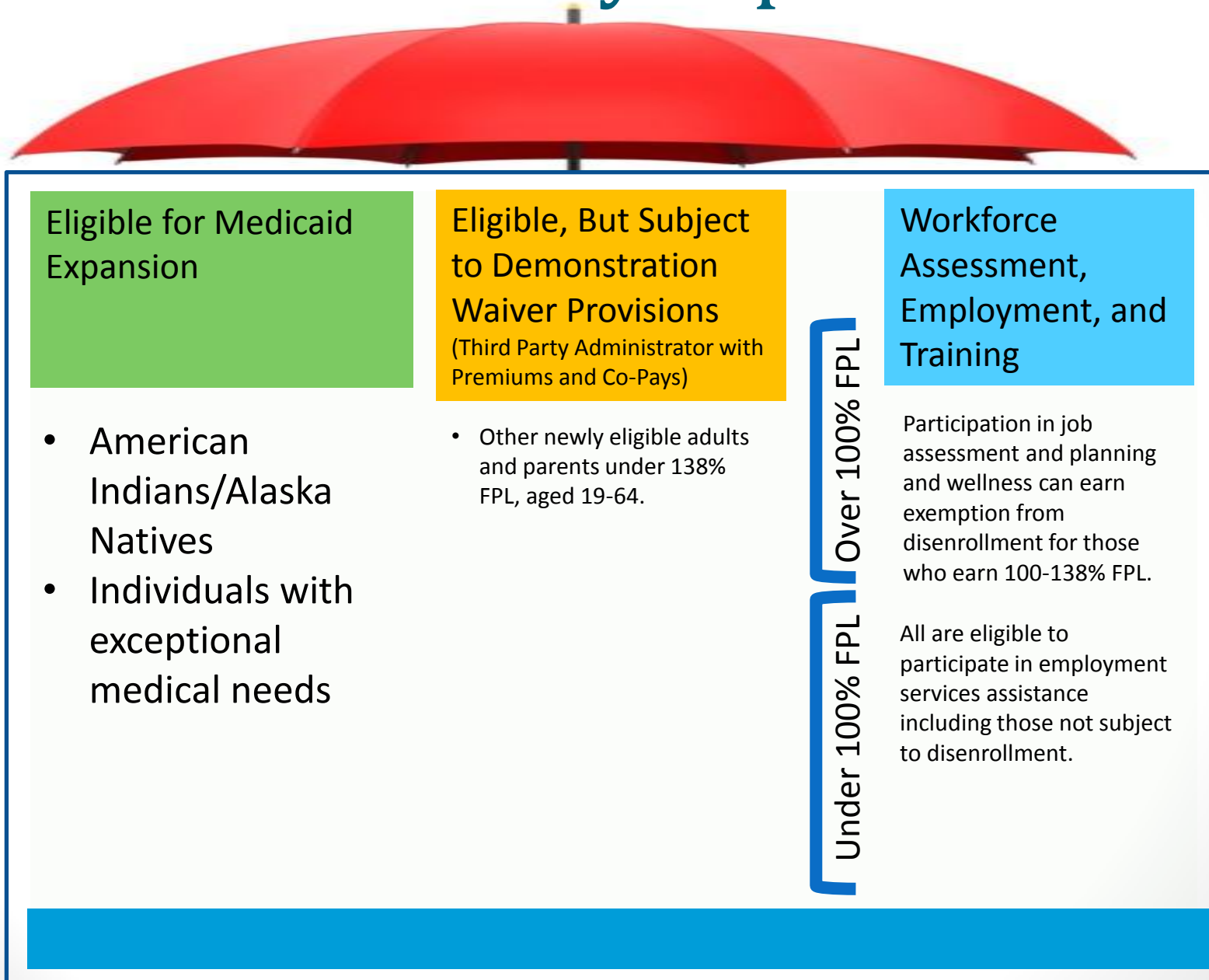
# Certain federal Medicaid rules cannot be waived

- Federal law includes certain protections for American Indians and people with exceptional medical needs.
- States may not waive these protections, and Montana is not asking to waive these protections.
- States may not partially expand Medicaid.

# What Do We Mean by American Indian or Alaska Native?

- For both Medicaid and CHIP by federal law defined as
  - “An American Indian or Alaska Native or other individual who is eligible for health services through the Indian Health Service, tribes and tribal organizations, or urban Indian organizations.”
- AI/AN individual is exempt from co-pay and premium requirements
- Status self-declared on Medicaid application
- Must declare to get co-pay and premiums exemption
- Can change AI/AN status electronically by updating eligibility file

# Covered by Expansion



# Why Aren't American Indians in the Demonstration Waiver?

- The Waiver is needed to offer Medicaid benefits under the Third Party Administrator (TPA) model and to assess premiums – we are **not** proposing that either of these provisions apply to Native Americans
- Propose to offer services under the Medicaid Alternative Benefit Plan paid through our existing MMIS contractor
  - More comprehensive benefit package than offered through the Demonstration/TPA Alternative Benefit Plan
  - All inclusive payment methodology is already operational in the Medicaid payment system for IHS and Tribal Health Providers
    - Different payment methodology than commercial insurance payment
    - Easier for IHS and Tribal Billers – all bills sent to the same entity
  - Co-pay exemption already operational in Medicaid payment system
  - Passport and Health Improvement Program Reimbursement continues
- Not subject to premium, wellness or workforce assessment requirements
- Remote location of many reservations – network adequacy may be of concern – allows choice of any participating Medicaid provider
- The portion of the waiver asking for continuous 12 month eligibility and the pre-enrollment process will apply to American Indians/Alaska Natives

# 2 Alternative Benefit Plan State Plan Amendments Needed

Both the TPA and Medicaid ABP will cover the 10 Essential Health Benefits (benchmark is the largest private small group health plan in Montana)

- Outpatient Services
- Emergency Services
- Inpatient Services
- Pregnancy and Newborn Care
- Mental Health and Substance Abuse Disorder Services
- Prescription Drugs
- Rehabilitative and Habilitative Services
- Laboratory Services
- Preventative and Wellness Services
- Pediatric Services

*Note: These are categories of service, not individual services.*

But we are proposing to substitute the following for infertility and chiropractic benefits in the TPA plan

- Dental Preventative Services
- Routine Eye Exams (Limit 1 Exam Every 2 Years)
- Eye Glasses (Limit 1 Pair Every 12 Months)

And Add Dental Treatment Services (Annual Dollar Limit will apply), Audiology, Hearing Aids, Transportation

# People Eligible for the Medicaid Alternative Benefit Package

- Newly eligible adults aged 19-64 who are up to 138% of the federal poverty level (\$16,424 for an individual, \$27,724 for a family of three)
- American Indian/Alaska Natives
- Individuals determined to have exceptional health care needs as defined by federal law
  - Includes people who need help with activities of daily living such as bathing, dressing, etc.
  - Includes people with a severe and disabling mental illness previously served by the HIFA waiver or the state's Mental Health Services Plan
- Terminally ill people receiving hospice services

# Additional Services Under the Medicaid Alternative Benefit Plan that Will Be Available

In addition to the services enumerated on the previous slide 13, all services in the Medicaid program formally known as “full Medicaid” will be available to American Indians. These include:

- Long term care services such as Nursing Facility (beyond 60 days), Community First Choice, Personal Care
- Mental Health Services such as Therapeutic Foster Care & Group Home, PACT, Day Treatment
- Podiatry
- Full Dental Benefit Package
- Targeted Case Management – High Risk Pregnant Women, Severe Disabling Mental Illness, Developmental Disabilities, Substance Use Disorder
- Passport, Health Improvement Program, Team Care, Nurse Advice Line, Patient Centered Medical Home
- Audiology, Hearing Aids
- Transportation

# Changes to Benefits for People Already Covered by Medicaid

- Physical Therapy, Occupational Therapy, Speech Therapy service limit of 40 hours/year will change
- Cardiac therapy and pulmonary rehabilitation service limit of 36 hours/year will change
- Mental Health outpatient limit of 24 visits/year will change
- Substance Use Disorder Treatment @ 3.5 level may change
- Dental, vision, and DME services available only when “essential for work” under the Basic Medicaid Package will change
- Home Health limit of 175 visits/year will increase to 180

\*Some of these will require state plan amendments – still determining which ones



# Proposed Timelines

## Third Party Administrator

- ✓ RFP Posted 7/1/2015
- ✓ RFP Bidders Conference 7/14/2015
- ✓ Bidders submitted formal questions 7/20/2015
- ✓ Department posted formal responses 7/31/2015
- ✓ RFP proposals received 8/18/2015
- Select vendor 10/1/2015 (tentative)
- Begin service delivery 1/1/2016

## Waivers

- ✓ Posted for 60 day public comment period to Centers for Medicare and Medicaid Services (CMS) 7/7/2015

# Proposed Timelines (cont.)

## Waiver public meetings

- ✓ Billings: 8/18/2015
  - Helena: 8/20/2015 from 1:00 – 3:00 at DPHHS Auditorium
- ✓ Waiver Tribal Consultation 8/19/2015
- Waiver Presentation to Montana Health Care Coalition 8/20/2015
- Public Comment Closes on the Waivers 9/7/2015
- Waiver Presentation to Child, Family Health and Human Services Interim Committee 9/14/2015
- Submit waivers to Centers for Medicare and Medicaid Services (CMS) 9/15/2015

# Proposed Timelines(cont.)

## CMS Approval of Waivers and SPAs

- Montana has requested CMS approve the pre-enrollment waiver in conjunction with open enrollment on the FFM effective 11/1/2015
- Montana has requested that Medicaid Expansion benefits begin 1/1/2016
- Submit State Plan Amendments needed to implement Medicaid Expansion – Tribal Consultation and Public Notice prior to 1/1/2016 to preserve effective date – Submission by 3/2016 at latest

Administrative Rules of Montana to implement Medicaid Expansion eligibility, co-pay and premiums, and services – varies tentative 11/1/2015 to 2/1/2015 timeframe

**\*All dates for implementation of Medicaid Expansion in Montana are tentative and subject to change based on final approval from CMS for the Waivers and State Plan Amendments.**

# Information Online

All information regarding the Waivers can be found at:  
<http://dphhs.mt.gov/medicaidexpansion>

- You'll also find
  - Sign up for the Medicaid expansion interested parties email list
  - Frequently asked questions
  - TPA Request for Proposal
  - Public comment form

# Comments

Comments may be submitted in writing by mail or email.

## By Mail to both:

Dept. of Public Health and Human Services  
Attn: Jo Thompson  
P.O. Box 202951  
Helena, MT 59620-2951

Dept. of Public Health and Human Services  
Attn: Mary Eve Kulawik  
P.O. Box 202951  
Helena, MT 59620-2951

## By Email to both:

[jothompson@mt.gov](mailto:jothompson@mt.gov)

[mkulawik@mt.gov](mailto:mkulawik@mt.gov)

Or the comment form on the web-site at  
<http://dphhs.mt.gov/medicaidexpansion>